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DECLARATION FOR UTILITY OR  
DESIGN  
PATENT APPLICATION  
(37 CFR 1.63)

Declaration Submitted With Initial Filing **OR**  Declaration Submitted after Initial Filing (surcharge (37 CFR 1.18 (e)) required).

Attorney Docket Number	
First Named Inventor	
<b>COMPLETE IF KNOWN</b>	
Application Number	
Filing Date	
Art Unit	
Examiner Name	

I hereby declare that:

Each Inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

## AUTOMATIC DOSE ADAPTATION AS A FUNCTION OF PATIENT BODY MASS IN CT CALCIUM SCORING

*(Title of the Invention)*

the specification of which

is attached hereto

OR

was filed on (MM/DD/YYYY) **11-25-2003** as United States Application Number or PCT International

Application Number **60/524,955** and was amended on (MM/DD/YYYY)  (If applicable).

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, Inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT International application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, Inventor's or plant breeder's rights certificate(s), or any PCT International application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? Yes	Certified Copy Attached? No
			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

This collection of information is required by 37 CFR 1.16 and 37 CFR 1.17. Submission is required to obtain or retain a benefit by the public which is to file by the USPTO in an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.4. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. A comment on the amount of time you require to complete this form and/or suggestions for reducing this burden should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Patent and Trademark Office, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND TO THE CHIEF INFORMATION OFFICER. This collection of information is subject to review under the Paperwork Reduction Act of 1995.

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## DECLARATION — Utility or Design Patent Application

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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.			
NAME OF SOLE OR FIRST INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) Rami		Family Name or Surname EVRON	
Inventor's Signature <i>R. Ervin</i>		Date 23/11/03	
Residence: City TEL-AVIV	State IL	Country IL	Citizenship IL
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NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
City	State	ZIP	Country
<input type="checkbox"/> Additional inventors or a legal representative are being named on the _____ supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.			